Go To Page 2

Print Reset

NOTICE OF COMPENSATION PAYMENTS

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency
P.O. Box 30016, Lansing, MI 48909

FILING # _____

PART A

1. Social Security Number	2. Date of Injury	3. Employee Name (Last, First, MI)	4. Date of Birth	5. Date of Death

6. Employee Street Address	7. City	8. State	9. ZIP Code

10. Employer Name	11. Federal ID Number	12. Injury Location Code
		N/A

13. Employer Street Address	14. City	15. State	16. ZIP Code

17. Carrier or Self-Insured Name	18. NAIC or Self-Insured Number

19. Service Company/TPA Name (if applicable)	20. Service Company/TPA ID Number

21. ZIP Code of Issuing Office	22. Carrier or Self-Insured Claim Number	23. Date Carrier Received Notice of Injury	24. Date First Payment Made

PART B

25. Nature of Injury		26. Part of Body	
27. Average Weekly Wage $	28. Discontinued Fringes $	29. Second Employer A.W.W. $	30. Second Employer Discontinued Fringes $
31. Tax Filing Status on Date of Injury	32. Last Day Worked	33. Number of Days in Work Week	34. Number of Dependents

PART C

35. Reason for Filing	36. Weekly Compensation Base Rate $

37. Weekly Adjustments to Base Rate

_____ $_____ _____ $_____ _____ $_____ _____ $_____

_____ $_____ _____ $_____ _____ $_____ _____ $_____

38. Weekly Amount Being Reimbursed by a Fund (Not reported on line 37)

_____ $_____ _____ $_____ _____ $_____ _____ $_____

PART D

BASIS OF PAYMENT	BENEFIT TYPE	SPECIAL PAYMENT	TOTAL WEEKLY RATE	FROM	THROUGH	TOTAL AMOUNT PAID	YEAR PAID	TERMINATION REASON

IF BASIS OF PAYMENT IS OTHER THAN "A" (VOLUNTARY PAYMENT) OR LINE 37 IS EQUAL TO "J" OR "K," ENTER ORDER # _____

IF BENEFIT TYPE IS "C" (SPECIFIC LOSS), ENTER NUMBER OF WEEKS _____ AND EFFECTIVE DATE OF LOSS _____

IF ANY FILING CODES ON THIS FORM REPRESENT "OTHER," PLEASE BE SPECIFIC_____

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

THIS IS TO CERTIFY THAT A COPY OF THIS FORM HAS BEEN MAILED OR GIVEN TO THE EMPLOYEE

39. Authorized signature	40. Person Handling Claim (Please Print)	41. Telephone Number	42. Date

NOTICE TO EMPLOYEE: IF ANY OF THE ABOVE INFORMATION IS INCORRECT, PLEASE CONTACT THE INDIVIDUAL NAMED IN SPACE 40.

FILING CODES FOR FORM WC -701

31. TAX FILING STATUS
- A = SINGLE
- B = SINGLE/HEAD OF HOUSEHOLD
- C = MARRIED/FILING JOINT
- D = MARRIED/FILING SEPARATE

35. REASON FOR FILING
- A = COMMENCING BENEFITS
- B = CHANGE IN WEEKLY RATE
- C = TERMINATING BENEFITS
- D = COMMENCING AND TERMINATING BENEFITS
- E = REIMBURSEMENT BY A FUND
- F = REOPENING CLAIM
- G = REOPENING AND CLOSING CLAIM
- H = YEARLY REPORT OF PARTIAL PAYMENTS
- I = ERROR ON PREVIOUS FILING (ATTACH COPY)

37. WEEKLY ADJUSTMENTS TO BASE RATE
- A = WAGE CONTINUATION OFFSET (-)
- B = SOCIAL SECURITY COORDINATION (-)
- C = PENSION OFFSET (-)
- D = UNEMPLOYMENT OFFSET (-)
- E = DISABILITY INSURANCE OFFSET (-)
- F = SELF INSURANCE OFFSET (-)
- G = OTHER BENEFIT COORDINATION (-)
- H = AGE 65 REDUCTION (-)
- I = COMPENSATION SUPPLEMENT (+)
- J = ADVANCE PAYMENT (-)
- K = 30% APPEAL ADJUSTMENT (-)
- L = SIF DIFFERENTIAL BENEFITS (+)
- M = DOUBLE COMPENSATION (+)
- N = THIRD PARTY OFFSET (-)
- O = 2 YEARS CONTINUOUS DISABILITY (+)
- P = RECOUPMENT OF OVERPAYMENT (-)
- Q = OTHER

38. REIMBURSEMENT BY A FUND*
- A = SILICOSIS, DUST DISEASE & LOGGING INDUSTRY COMPENSATION FUND
- B = SELF-INSURERS' SECURITY FUND
- C = VOCATIONALLY HANDICAPPED PROVISIONS/SIF
- D = OTHER

***DO NOT** REPORT REIMBURSEMENTS RECEIVED AS A RESULT OF THE 70% OR DUAL EMPLOYMENT PROVISIONS. THIS INFORMATION WILL BE PROVIDED TO US BY THE SECOND INJURY FUND.

PART D – BASIS OF PAYMENT
- A = VOLUNTARY PAYMENT
- B = OPEN AWARD
- C = CLOSED AWARD
- D = STIPULATED AWARD
- E = COMPROMISE
- F = FORM 115 VOLUNTARY PAY

PART D – BENEFIT TYPE
- A = GENERAL DISABILITY
- B = PARTIAL WAGE LOSS
- C = SPECIFIC LOSS
- D = PERMANENT TOTAL
- E = DEATH
- F = OTHER

PART D – SPECIAL PAYMENT
- A = ACCRUED BENEFITS
- B = INTEREST
- C = 30% APPEAL ADJUSTMENT
- D = OTHER

PART D – TERMINATION REASON
- A = RETURNED TO WORK WITH NO WAGE LOSS
- B = RECOVERED FROM DISABILITY (ATTACH MEDICAL)
- C = AWARD REVERSED
- D = END OF SPECIFIC LOSS
- E = CLAIMANT DECEASED (ATTACH DEATH CERTIFICATE)
- F = CLOSING OUT WEEKLY DUE TO REDEMPTION
- G = CLOSING OUT WEEKLY DUE TO ADVANCE PAYMENT
- H = OTHER

PART E – COORDINATION OF BENEFITS

SECTION 1-5

	1. PENSION	2. WAGE CONTINUATION	3. DISABILITY INSURANCE	4. SELF INSURANCE	5. OTHER
A. WEEKLY BENEFIT AMOUNT					
B. 80% AFTER-TAX AMOUNT OF (A)					
	x 1.25	x 1.25	x 1.25	x 1.25	x 1.25
C. 100% AFTER-TAX AMOUNT					
D. FICA TAX*					
E. STATE INCOME TAX*					
F. % EMPLOYER CONTRIBUTION	0%	0%	0%	0%	0%
G. INCOME TO BE COORDINATED**					

* Does not apply in all cases. If applicable, include the value of FICA and state income tax using the figures provided in the back of the agency's rate tables corresponding to the year of injury.

** Line G = (Line C + D + E) x Line F. (This figure should appear in Section 37 with the appropriate adjustment code.)

SECTION 6 – SOCIAL SECURITY

A. MONTHLY OLD-AGE BENEFIT $_____

B. WEEKLY OLD-AGE BENEFIT (ABOVE AMOUNT ÷ 4.33) $_____

C. TOTAL AMOUNT OF SOCIAL SECURITY BENEFITS TO BE COORDINATED (50% OF LINE B) $_____ (ENTER WITH CODE "B" IN SECTION 37)

SECTION 7 – UNEMPLOYMENT COMPENSATION

A. NUMBER OF WEEKS AWARDED _____

B. BEGINNING DATE OF UNEMPLOYMENT COMPENSATION _____ SCHEDULED EXPIRATION DATE _____

C. TOTAL WEEKLY UNEMPLOYMENT COMPENSATION BENEFITS $_____ (ENTER WITH CODE "D" IN SECTION 37)

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Authority: Workers' Disability Compensation Act, R408.31(6a-d)
Completion: Mandatory
Penalty: Workers' Disability Compensation Act, 418.631; 418.801

Go To Page 1